

Foster Family Home - Corrective Action Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

547 Kaulana Street

Kahului

HI 96732

Review ID: 4-160064-5

Reviewer: Lori O'Keefe

Begin Date: 8/20/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Recertification inspection for this 3 client home performed today. A corrective action report (CAR) was issued during the visit with a corrective action plan (CAP) due back to CTA by 9/20/19.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1 - CG#3 had a lapse in the State Name Check. This was due by 6/16/17 but not done until 11/28/17

8.a.1, 8.a.2 - HHM#2 does not have the second set of APS/CAN/Fingerprint clearance on file. This was due by 8/14/19.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

CG#2 had a lapse of the CPR/First Aid renewal. Due by 3/16/18, done 4/30/18.

CG#3 had a lapse of the CPR/First Aid renewal. Due by 1/13/18, done 2/2/18.

41.c - CG#2 has no in-service hours on file for 2018/2019.

Lori O'Keefe RN
Compliance Manager

[Signature]
Primary Care Giver

8/20/19
Date

8-20-19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Preciosa Rojas, CNA

CCFFH Address: 547 Kaulana St. Kahului, HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1, 8.a.2	CG#3 lapse cannot be corrected	8/20/19	Home has created a list of all required documents with expiration dates and placed it in the front of the home binder. Also put reminders on phone calendar reminding one month prior to due date.
	HHM#2 - lapse cannot be corrected. Appointment to complete second set of APS/CAN/Fingerprint check on 8/22/19. Will send copy of result to CTA upon receipt and place results in HHM file.	8/21/19	
	Green light determination result. Copy of result emailed to CTA compliance manager	9/3/19	
41.b.8	CG#2, CG#3 - lapse cannot be corrected.	8/20/19	Home has created a list of all required documents with expiration dates and placed it in the front of the home binder. Also put reminders on phone calendar reminding one month prior to due date.
41.c	CG#2 - obtained in service certificates for 2018/2019 that meets 12 hour requirement. Placed in home binder	8/21/19	Will review home binder every 4 months and request in service certificates from all SCG's to prevent future lapse.

Primary Caregiver's Signature: _____

Print Name: Preciosa Rojas, CNA

Date of Signature: 9-3-19